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APPLICANTS

Risto Miikkulainen, Austin, TX;  
 Michael D. Dahlin, Austin, TX;  
 Randolph P. Lipscher, Austin, TX;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 2253	INDEPENDENT CLAIMS 84
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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged

Examiner's Signature *[Signature]* Initials *7/18/05*

ADDRESS  
 34456  
 TOLER & LARSON & ABEL L.L.P.  
 5000 PLAZA ON THE LAKE STE 265  
 AUSTIN, TX  
 78746

TITLE  
 Systems and methods for adaptive medical decision support

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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